

Foster Family Home - Deficiency Report

Provider ID: 1-170078

Home Name: Richard Lindenmuth Jr., CNA

Review ID: 1-170078-7

1134 Iomea Place

Reviewer: Maribel Nakamine

Wahiawa

HI

96786

Begin Date: 9/20/2021

Foster Family Home

Required Certificate

[11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 10/20/2021.

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

54.(c)(8) Personal inventory.

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.


Client # [REDACTED] Medication Administration Record(MAR) was last signed from [REDACTED]. One medication without a written MD order and medication was available.

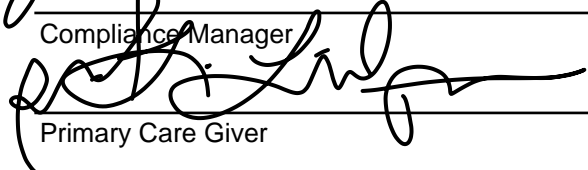
Client [REDACTED] No MAR for the month of [REDACTED] 2021.

Client [REDACTED] MAR was last signed on [REDACTED]. One medication was not transcribed in the MAR.

54.(c)(6)- No RN monthly visit summary for the following: 1/2020, 2/2020, 4/2020, 5/2020, 8/2020, 1/2021, and 2/2021.

54.(c)(8)- No Personal Inventory list present for Client [REDACTED]


Compliance Manager


Primary Care Giver

Date 9/20/2021